

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ **New Representation**
Does this person pay you?

If No, who pays you?

☐ **Terminated Representation as of** _____

3. Name _____

Address _____

Business or purpose _____

☐ **New Representation**
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Alphonse Jackson
Signature of Lobbyist

Sworn to and subscribed before me on this 30 day of April, 1998

Notary Public